

SOUTH DAKOTA DEPARTMENT OF HEALTH REQUISITION FOR SHIPMENT OF BIOLOGICALS

Shipping Carton, Ice Packs **MUST BE RETURNED** within 48 Hours after Receipt of Shipment

Provider Name: _____

Check if adding new provider information ☐

Shipping Address: _____

Provider Number: _____

Special Shipping Instructions: _____

Telephone #: _____

Contact Person: _____

DESCRIPTION OF ARTICLE	Minimum Quantity Available For Order	QUANTITY- in <i>doses</i> only
Diphtheria-Tetanus (DT Ped)	10	
Tdap NEW	10	
DTaP	10	
DtaP/HIB (4 th dose only)	5	
EIPV (Enhanced Inactivated Poliovirus)	10 dose vial	
Flu (High Risk Children ONLY – Seasonal)	10 dose vial	
Flu-PF (6 – 23 months - Seasonal)	10 single dose syringes	
Hepatitis A Pediatric (Hep A)	10	
Hepatitis B (pediatric & adolescent)	10	
Hib	5	
Measles-Mumps-Rubella (MMR)	10	
Meningococcal (MCV4)	5	
Pediarix (5-in-1 vaccine)	10	
Pneumococcal Conjugate	10	
PPD (Tuberculin Skin - Testing) - 10 dose vial For Public Health Offices Only	10	
PPD (Tuberculin Skin - Testing) - 50 dose vial For Public Health Offices Only	50	
Tetanus-Diphtheria (Td Adult)	10	
Rotavirus vaccine* NEW *	10	
HPV vaccine * NEW *	10	
Varicella (chickenpox vaccine) *Please allow 7-10 days for delivery. *Varicella vaccine will be shipped to your facility directly from manufacturer.	10	
<i>WE CAN NO LONGER BREAK UP VACCINE ORDERS INTO SINGLE DOSES DUE TO FEDERAL GUIDELINES.</i>		

(Doses requested may be adjusted by DOH Immunization Program)

Signature of Receiving Agent: _____

Date Received: _____

FORMS & VIS ORDER FORM

Provider Name _____

Provider Number _____

DESCRIPTION OF ARTICLE	QUANTITY	DESCRIPTION OF ARTICLE	QUANTITY
Tdap VIS (50/pad)		Rotavirus VIS (50/pad)	
		HPV VIS (50/pad)	
DTaP VIS (50/pad)		Certificate of Immunization	
POLIO VIS (50/pad)		Vaccine Administration Record	
MMR VIS (50/pad)		Vaccine Order Forms	
HIB VIS (50/pad)		Monthly Doses Admin. Report	
TD VIS (50/pad)		Colored Charts	
Hep B VIS (50/pad)		Temperature Charts	
Hep A VIS (50/pad)		Transfer Vaccine Form	
Varicella VIS (50/pad)		Wastage Report Form	
Influenza VIS (50/pad)		Immunization Cards	
Meningococcal VIS (50/pad)		Red pens for Dickson Therm	
Pneumococcal (50/pad)		White Follow-up Cards	
Pediarix - (use an individual VIS for each vaccine in the combination)	XXX	4 in Disks for Dickson Therm.	

*Questions regarding vaccine order, please contact the Immunization Program – Phone 605-773-4963, Fax 605-773-4113 (Rev. 11/06)